ond.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
USE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 18 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

354

1. PLACE OF DEATH

County: Butler — Registration District No.: 89

Township: Poplar Bluff — Primary Registration District No.: 3007

City: Poplar Bluff (No. Alice & Parthenia St. ..... Ward)

File No. .....

Registered No. 5

2. FULL NAME: Samuel Green

(a) Residence, No. Alice & Parthenia St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male ~~Colored~~	Colored	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Annie Green

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 14-18-71

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
63	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....

10. Date deceased last worked at this occupation (month and year): ..... 11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New Madrid, Missouri

FATHER

13. NAME: Sam Green

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Georgia

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT: Annie Green
(ADDRESS): Poplar Bluff, Mo.

18. BURIAL, CREMATION, OR REMOVAL: City Cem.
PLACE: Poplar Bluff, Mo DATE: 1/8/36, 19..

19. UNDERTAKER: Frank Und. Co.
(ADDRESS): Poplar Bluff, Mo.

20. FILED: 1/8, 1936 O. C. Cutsinger, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from August 22, 1935, to Jan. 5, 1936.
I last saw him alive on Jan. 2, 1936. Death is said to have occurred on the date stated above, at 2 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Pneumonia	
Nephritis	August 1935

Other contributory causes of importance:

Uremic Poisoning

Name of operation: ..... Date of: .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury: .....
Nature of injury: .....

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify: .....

(Signed) D. G. Brock, M. D.
(Address) Poplar Bluff, Mo.